## A STUDY TO EXAMINE INPATIENT NURSE BEDSIDE REPORTING PRACTICES

Kaushik Ghosh, Lamar University P.O Box 10033, Beaumont, TX 77710 Email: kghosh@lamar.edu (409) 880 8644

Eileen Curl, Lamar University P.O Box 10081, Beaumont, TX 77710 eileen.curl@lamar.edu (409) 880 8817

Keili Peterman, Lamar University P.O Box 10081, Beaumont, TX 77710 Keili.peterman@lamar.edu (409) 880 8817

Paul Guidroz, CHRISTUS- St Elizabeth 2830 Calder Street, Beaumont, TX 77702 paul.guidroz@christushealth.org (409) 899 7175

Patricia Morell, CHRISTUS- St Elizabeth 2830 Calder Street, Beaumont, TX 77702 patricia.morell@christushealth.org (409) 899 7175

## ABSTRACT

In the hospital setting, nurses begin their workday by participating in a nurse-to-nurse shift report. The primary objective of shift reporting (also referred to as handoff) is the transfer or exchange of information between the two shifts to convey accurate and essential patient information, and to facilitate the continuity of patient care (Tang and Carpendale 2007; Street et al. 2011). Past research (for e.g., Meum et al. 2011; Cohen and Hilligoss 2009; Street 2011) has suggested that inaccurate exchange of information during shift reporting can lead to medical errors, thus compromising patient treatment and safety. Indeed, according to The Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations, the leading cause of patient deaths in the United States occurs from communication failures between nurses during shift reporting in hospital settings (JCAHO 2000). Further, inefficient shift reporting practices may reduce time spent by nurses on 'direct' patient care and increase costs per patient (ANA, 2012).

Prior research has documented a variety of reasons why shift reporting fails to serve its intended purpose. Major reasons cited are, inaccurate information exchange (Anderson and Mangino, 2006), improper handover report format (Chaboyer et al. 2010), and lack of coordination

between nurses (Strople 2006). However, there are limited studies that have investigated the effect of nurses using a variety of sources to collect inpatient information to create the bedside shift report.

This study is ongoing, and seeks to examine the efficiency of the existing nurse shift reporting practices of nurses on a medical-surgical unit at large non-profit hospital, located in Southeast Texas. The hospital is affiliated to a large a non-profit corporation, and is recognized as a high-quality health care provider in the region. The hospital provides inpatient acute care to patients. The majority of the patients are underserved, and above the age of seventy. Currently, nurses in the hospitals' medical-surgical unit conduct shift report to exchange patient information using data obtained from variety of sources. The purpose of this research study is to determine the sources of information nurses working at inpatient units use for bedside reporting during shift change.

Nurses working on inpatient units will be requested to fill out a 10-15 minute online survey posted on Survey Monkey. The survey questionnaire will include questions about where nurses obtain data for bedside reporting during shift change. All registered nurses (RNs) employed at the hospital's inpatient units will be invited via email to participate in the online survey. The number of RNs invited to participate in the study is between 150 and 200. The results from the analysis of the survey data will provide insights on the sources of information nurses are using to create bedside reports. It will enable the healthcare provider to identify the causes of inefficiency that lead to reduced time for inpatient care and improve existing bedside reporting practices to enhance patient safety.